


APPLICATION FOR TRANSIENT OCCUPANCY REGISTRATION CERTIFICATE

THE CITY OF SAN DIEGO, CALIFORNIA

Please correct Name and Address, and Number of Units if incorrect. Print in required information in items 1, 2, and 3 below and sign your name in item 4. There is NO FEE REQUIRED for this application.

Return to: City Treasurer, P.O. Box 122289, San Diego, California 92112

CHECK APPROPRIATE CHANGE		APPLICATION NUMBER	1. Business Phone Number
New <input type="checkbox"/>	Date Effective _____	NUMBER OF UNITS	2. Name of Hotel Proprietor
Name Change <input type="checkbox"/>			Address & Phone of Hotel Proprietor
Change of Ownership <input type="checkbox"/>			3. Name of Hotel Manager/Contact Person
Change of Management <input type="checkbox"/>			Address & Phone of Hotel Manager
Is This Account: <input type="checkbox"/> Seasonal <input type="checkbox"/> Monthly			4. Signed _____ Date _____
Type of Account: <input type="checkbox"/> Hotel <input type="checkbox"/> Motel <input type="checkbox"/> Other			
Name and Business Address:			